

RECEIVED
CENTRAL FAX CENTER
SEP 22 2005

***** FACSIMILE COVER SHEET *****

SEP 22 2005 10:31

Message To:

915712738300

Message From:

41

Pages

Follow This Cover Page

RECEIVED
OIPE/IAP

SEP 23 2005

Microsoft®

Where do you want to go today?®

Fax Transmittal FormRECEIVED
CENTRAL FAX CENTER

SEP 22 2005

Microsoft Corporation
One Microsoft Way
Redmond, WA 98052-6399
United States of Americawww.microsoft.com
Phone: (425) 882-8080
Fax: (425) 708-5048
Telex: 160520 Msft Bvue

To:	USPTO - Attn: Ryan Yang	From:	Carole A. Boelitz
Company:		Bldg/Room:	21/1168
CC:		Phone Number:	(425) 722-6035
Phone Number:		Date & Time Sent:	09/22/2005
Fax Number:	(571) 273-8300	No. of Pages:	41

☐ Urgent ☐ For Review ☐ Please Comment/Reply
Message...

Applicant: Microsoft Corporation
 First Named Inventor: Drucker
 Serial No.: 09/195,728
 Filing Date: November 18, 1998
 Title: VIEW DEPENDENT TILED TEXTURES

Attorney Docket No.: 112375.01
 Examiner: Ryan Yang
 Group Art Unit: 2672
 Confirmation No.: 4618

Attached please find the following documents submitted in connection with the above-identified patent application:

- General Filing Transmittal (in duplicate)
- Fee Transmittal (total fee \$120.00; in duplicate)
- Extension of Time Request (1 month; in duplicate)
- Amendment and Response to OA of 05/31/05 (32 pages)
- Drawing Replacement Sheet (1 sheet, attached to p. 31 of Amendment)
- Annotated Drawing Sheet (1 sheet, attached to p. 32 of Amendment)

CERTIFICATE OF MAILING OR TRANSMISSION
(Under 37 CFR § 1.8(a))

I hereby certify that this correspondence is being transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (571) 273-8300.

September 22, 2005
 Date


 Signature

Sherry Smith

CONFIDENTIALITY STATEMENT: The information in this facsimile message is legally privileged and confidential information intended only for the use of the addressee listed on this cover sheet. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this telecopy is strictly prohibited. If you have received this facsimile in error, please immediately notify us by telephone at the number listed on this cover sheet and return the original message to us at the above address via the United States Postal Service. We will reimburse any costs you incur in notifying us and returning the message to us. Thank you.

SEP 22 2005

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/195,728
	Filing Date	November 18, 1998
	First Named Inventor	Steven M. Drucker
	Group Art Unit	2672
	Examiner Name	Ryan R. Yang
<input type="checkbox"/> Sent via Express Mail Label No.:	Attorney Docket Number	112375.01

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (total fee \$120.00; in duplicate) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (32 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 month; in duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A (pages) <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawings <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed (pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (pages) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> General Power of Attorney (SB80) <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Fax Cover Sheet <input checked="" type="checkbox"/> Copy of this Transmittal form <input checked="" type="checkbox"/> Drawing Replacement Sheet (1 sheet, attached to p. 31 of Amendment) <input checked="" type="checkbox"/> Annotated Drawing Sheet (1 sheet, attached to p. 32 of Amendment)

CERTIFICATE OF MAILING OR TRANSMISSION (Under 37 CFR § 1.8(a)) I hereby certify that this correspondence is being: <input type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or <input checked="" type="checkbox"/> transmitted by facsimile on the date shown below to the USPTO at (571)273-8900. Date <u>September 22, 2005</u> Signature <u>Sherry Smith</u> Printed Name <u>Sherry Smith</u>	Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.
--	---

SIGNATURE OF ATTORNEY OR AGENT			
Signature	<u>Carole A. Boeltz</u>	Reg. No.	48,958
Name of Attorney or Agent	Carole A. Boeltz		
Date	<u>9/22/05</u>	Tel.	(425) 722-6035
		Facsimile No.	(425) 708-5046
Assignee Name:	MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052		
Customer Number:	22971		

SEP 22 2005

Effective on 12/08/04 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known							
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number							
		09/195,728							
		Filing Date							
		November 18, 1998							
		First Named Inventor							
		Steven M. Drucker							
Examiner Name		Ryan R. Yang							
Art Unit		2672							
Attorney Docket No.		112375.01							
Express Mail Label No.		N/A							
TOTAL AMOUNT OF PAYMENT (\$)		120.00							
METHOD OF PAYMENT (check all that apply)									
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____									
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-0463 Deposit Account Name: MICROSOFT CORPORATION									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FILING FEES		SEARCH FEES	EXAMINATION FEES					
		Small Entity	Small Entity	Small Entity					
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)				
Utility	300	150	500	200	0				
Design	200	100	100	130					
Plant	200	100	300	160					
Reissue	300	150	500	600					
Provisional	200	100	0	0	0				
2. EXCESS CLAIM FEES									
Fee Description	Fee (\$)	Small Entity Fee (\$)							
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25							
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100							
Multiple dependent claims	360	180							
<table border="0" style="width:100%;"> <tr> <td style="width:33%;"> Total Claims 41 - 42 or HP = 0 x 50 = 0 </td> <td style="width:33%;"> Multiple Dependent Claims Fee (\$): 0 Fee Paid (\$): 0 </td> </tr> <tr> <td> Indep. Claims 7 - 7 or HP = 0 x 200 = 0 </td> <td></td> </tr> </table>						Total Claims 41 - 42 or HP = 0 x 50 = 0	Multiple Dependent Claims Fee (\$): 0 Fee Paid (\$): 0	Indep. Claims 7 - 7 or HP = 0 x 200 = 0	
Total Claims 41 - 42 or HP = 0 x 50 = 0	Multiple Dependent Claims Fee (\$): 0 Fee Paid (\$): 0								
Indep. Claims 7 - 7 or HP = 0 x 200 = 0									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)					
41 - 100 = 0	0	0	250	0					
4. OTHER FEE(S)									
Non-English Specification, \$130 fee (no small entity discount)				Fees Paid (\$)					
Other: Extension of Time Fee for 1 month				0					
				120.00					

SUBMITTED BY		
Signature	Registration No. (Attorney/Agent) 48,958	Telephone (425) 722-6035
Name (Print/Type) Carole A. Boelitz	Date 9/22/05	

SEP 22 2005

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/195,728
		Filing Date	November 18, 1998
		First Named Inventor	Steven M. Drucker
		Group Art Unit	2672
		Examiner Name	Ryan R. Yang
<input type="checkbox"/> Sent via Express Mail Label No.:		Attorney Docket Number	112375.01


ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (total fee \$120.00; in duplicate) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (32 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 month; in duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A (pages) <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawings <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed (pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (pages) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> General Power of Attorney (SB80) <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Fax Cover Sheet <input checked="" type="checkbox"/> Copy of this Transmittal form <input checked="" type="checkbox"/> Drawing Replacement Sheet (1 sheet, attached to p. 31 of Amendment) <input checked="" type="checkbox"/> Annotated Drawing Sheet (1 sheet, attached to p. 32 of Amendment) <input type="checkbox"/>

CERTIFICATE OF MAILING OR TRANSMISSION (Under 37 CFR § 1.8(a)) I hereby certify that this correspondence is being: <input type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or <input checked="" type="checkbox"/> transmitted by facsimile on the date shown below to the USPTO at (571) 273-8800. September 22, 2005 Date Signature Sherry Smith Printed Name		Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.
---	--	--

SIGNATURE OF ATTORNEY OR AGENT			
Signature		Reg. No.	48,958
Name of Attorney or Agent		Carole A. Boeltz	
Date	9/22/05	Tel.	(425) 722-6035
		Facsimile No.	(425) 708-5046
Assignee Name:		MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052	
Customer Number:		22971	

SEP 22 2005

Effective on 12/08/04 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/195,728				
		Filing Date	November 18, 1998				
		First Named Inventor	Steven M. Drucker				
		Examiner Name	Ryan R. Yang				
		Art Unit	2672				
		Attorney Docket No.	112375.01				
TOTAL AMOUNT OF PAYMENT		(\$ 120.00)					
Express Mail Label No. N/A							
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>50-0463</u> Deposit Account Name: <u>MICROSOFT CORPORATION</u>							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	0
2. EXCESS CLAIM FEES							
Fee Description				Fee (\$)	Small Entity Fee (\$)		
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent				50	25		
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent				200	100		
Multiple dependent claims				360	180		
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
41 - 42 or HP = 0			x 50	= 0	Fee (\$)		Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20					0		0
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
7 - 7 or HP = 0			x 200	= 0			
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
-100 = 0	/ 50 = 0	(round up to a whole) number x		250	=		0
4. OTHER FEE(S)				Fees Paid (\$)			
Non-English Specification, \$130 fee (no small entity discount)				0			
Other: Extension of Time Fee for 1 month				\$120.00			

SUBMITTED BY		Registration No.	Telephone
Signature		(Attorney/Agent) 48,958	(425) 722-6035
Name (Print/Type)	Carole A. Boeltz	Date	9/22/05